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Commission on the Status of Women
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Follow-up to the Fourth World Conference on Women: implementation of strategic objectives and action in the critical areas of concern

Revised draft agreed conclusions on women and health submitted by the Chairperson of the Commission

The Commission on the Status of Women

1. *Reaffirms* the Beijing Platform for Action, adopted by the Fourth World Conference on Women,[1] notably chapter IV.C on women and health, the Programme of Action of the International Conference on Population and Development[2] and the Convention on the Elimination of All Forms of Discrimination against Women;[3]

2. *Recalls* the Constitution of the World Health Organization, which states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; and that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States;

3. *Requests* States parties to the Convention on the Elimination of All Forms of Discrimination against Women to consider, when preparing their initial and periodic reports under the Convention, including on article 12, general recommendations of the Committee on the Elimination of Discrimination against Women;

4. *Acknowledges* that the realization by women of their right to the enjoyment of the highest attainable standard of physical and mental health is an integral part of the full

[1] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (A/CONF.177/20/Rev.1), chap. I, resolution 1, annex III.

[2] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (A/CONF.171/13/Rev.1), chap. I, resolution 1, annex.

[3] General Assembly resolution 34/180, annex.

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realization by them of all human rights, and that the human rights of women and of the girl child are an inalienable, integral and indivisible part of universal human rights;

5. *Acknowledges* the link between women's physical and mental health throughout the life cycle and the level of national development, including the availability of basic social services such as health services, women's status and degree of empowerment in society, employment and work, poverty, illiteracy, ageing, race and ethnicity, and violence in all its forms, in particular harmful attitudes and traditional or customary practices affecting the health of women, as well as the importance of investing in women's health for the well-being of women themselves and for the development of society as a whole;

6. *Recognizes* that lack of development is a major obstacle for women in many countries and that the international economic environment, through its impact on national economies, affects the capacity of many countries to provide and expand quality health services to women; further significant obstacles include competing governmental priorities and inadequate resources;

7. *Proposes*, in order to accelerate the implementation of the strategic objectives of chapter IV.C of the Beijing Platform for Action, that the following actions be taken:

Actions to be taken by Governments, the United Nations system and civil society, as appropriate

1. Universal access, on a basis of equality between women and men, to quality, comprehensive and affordable health care and health services and information by women throughout the life cycle

(a) Ensure universal access on a basis of equality between women and men to appropriate, affordable and quality health care and health services for women throughout the life cycle;

(b) In order to bridge the gap between commitments and implementation, formulate policies favourable to investments in women's health and intensify efforts to meet the targets identified in the Platform for Action;

(c) Ensure universal access for women throughout the life cycle, on a basis of equality between women and men, to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health education programmes;

(d) Integrate sexual, reproductive and mental health services, with emphasis on preventative measures, within the primary health-care system to respond to the broad health needs of women and men, in a life-cycle approach;

(e) Design and implement programmes, with the full involvement of young people, to educate and inform them on sexual and reproductive health issues, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians;

(f) Allocate and reallocate, where appropriate, adequate resources to put in place the necessary measures which ensure that quality health services are accessible to those women throughout their life cycle who are living in poverty, are disadvantaged or socially excluded;

(g) Increase efforts directed towards poverty eradication, by assessing the impact of broader macroeconomic policies on the feminization of poverty and on women's health; and address the health needs of those vulnerable, throughout their life span;

(h) Adopt preventive and promotional health policies at an early stage where possible in order to prevent health problems and dependence of older women and enable them to lead independent and healthy lives;

(i) Ensure that special attention is given to supporting women with disabilities, and empower them to lead independent and healthy lives;

(j) Address the need for appropriate screening services for women, within the context of national health priorities;

(k) Encourage women to practise regular sport and recreational activities which have a positive impact on women's health, well-being and fitness throughout the whole life cycle, and ensure that women enjoy equal opportunities to practise sport, use sport facilities and take part in competitions.

2. Sexual and reproductive health

(a) Accelerate efforts for the implementation of the targets established in the Beijing Platform for Action with regard to universal access to quality and affordable health services, including reproductive and sexual health, reduction of persistently high maternal mortality and infant and child mortality[4] and reduction of severe and moderate malnutrition and iron deficiency anaemia,[5] as well as to provide maternal and essential obstetric care, including emergency care, and implement existing and develop new strategies to prevent maternal deaths, caused by, *inter alia*, infections, malnutrition, hypertension during pregnancy, unsafe abortion[6] and post-partum haemorrhage, and child deaths, taking into account the Safe Motherhood Initiative;

(b) Promote and support breastfeeding unless it is medically contra-indicated, as well as implement the International Code of Marketing of Breast-milk Substitutes and the Baby Friendly Hospital Initiative;

(c) Support scientific research into and the development of safe, affordable, effective and easily-accessible female-controlled methods of family planning, including dual methods such as microbicides and female condoms that protect against both sexually transmitted diseases and HIV/AIDS and prevent pregnancy, taking into account paragraph 96 of the report of the Fourth World Conference on Women;

(d) Support the development and widespread use of male contraceptive methods;

(e) Educate women and men, particularly young people, with a view to encouraging men to accept their responsibilities in matters related to sexuality, reproduction and child-rearing and to promoting equal relationships between women and men;

(f) Enhance women's ability and knowledge, and empower them to make informed choices, to prevent unwanted pregnancies;

(g) Work with the media and other sectors to encourage the development of positive attitudes about major transitions in women's and girls' reproductive lives, such as the onset

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[4] See *Report of the Fourth World Conference on Women ...*, chap. I, resolution 1, annex III, para. 106 (l).

[5] Ibid., para. 106 (w).

[6] Ibid., para. 106 (k).

of menstruation and menopause, and provide appropriate support, where needed, for women undergoing these transitions;

(h) Eradicate the practice of female genital mutilation, and other harmful traditional and customary practices affecting the health of women and girls, since such practices constitute a definite form of violence against women and girls and a serious form of violation of their human rights, including through development of appropriate policies and enactment and/or reinforcement of legislation, and ensure development of appropriate tools of education and advocacy and adopt legislation outlawing their practice by medical personnel;

(i) Take all necessary measures to prevent all harmful practices such as early marriages, forced marriages and threats to women's right to life.

3. HIV/AIDS, sexually transmitted diseases and other infectious diseases

(a) Support public education and advocacy and secure the highest level of political commitment to the prevention of and research into sexually transmitted diseases and HIV/AIDS, their care, treatment and the mitigation of their impact, including through the provision of social services and support, together with poverty alleviation;

(b) Increase prevention measures to reduce the spread of the HIV/AIDS pandemic worldwide and sexually transmitted diseases among the groups most heavily at risk, in particular young people, including through education and awareness-raising campaigns and improved access to high-quality condoms and improved accessibility to anti-retroviral therapy to prevent mother-to-child transmission of HIV, and treatment, care and support for HIV/AIDS-related illnesses;

(c) Enact laws and take measures to eliminate sexual violence against women and girls, which is one of the causes of HIV/AIDS infection and other sexually transmitted diseases, and review and enact laws and combat practices, as appropriate, that may contribute to women's susceptibility to these infections, including enacting legislation against those socio-cultural practices that contribute to AIDS, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;

(d) Eliminate the stigmatization and social exclusion that surround HIV/AIDS, sexually transmitted diseases and other infectious diseases such as leprosy and filariasis, and lead to under-detection, lack of treatment and violence, especially for women, so that infected women who reveal their HIV status are protected from violence, stigmatization and other negative consequences;

(e) Increase the preventative, as well as the therapeutic, measures against tuberculosis and malaria, and accelerate the research into the development of a vaccine against malaria, which has a harmful effect especially on pregnant women in most parts of the world, particularly in Africa;

(f) Educate, counsel and encourage men and women infected with HIV/AIDS and sexually transmitted diseases to inform their partners to help protect them from infection, and ensure that the spread of these diseases is curtailed.

4. Mental health and substance abuse

(a) Make available gender-sensitive and age-sensitive mental health services and counselling, as necessary, with particular attention to the treatment of psychiatric illness and trauma throughout the life cycle, *inter alia*, by integrating them into primary health-care systems and through appropriate referral support;

(b) Develop effective preventive and remedial health services to provide appropriate counselling and treatment for mental disorders related to stress, depression, powerlessness, marginalization and trauma since women and girls may suffer more from these ailments resulting from various forms of discrimination, violence and sexual exploitation, particularly in situations of armed conflict and displacement;

(c) Support research and dissemination of information on gender differences in the causes and effects of the use and abuse of substances, including narcotic drugs and alcohol, and develop effective gender-sensitive approaches to prevention, treatment and rehabilitation, including those specifically designed for pregnant women;

(d) Design, implement and strengthen prevention programmes aimed at reducing tobacco use by women and girls; investigate the exploitation and targeting of young women by the tobacco industry; support action to prohibit tobacco advertising and access by minors to tobacco products; and support smoke-free spaces, gender-sensitive cessation programmes, and product labelling to warn of the dangers of tobacco use, noting the Tobacco Free Initiative proposed by the World Health Organization in July 1998;

(e) Promote equitable sharing of household and family responsibilities between women and men, and provide social support systems, where appropriate, to help women who, as a result of their multiple roles in the family, often may suffer from fatigue and stress;

(f) Support research on the relationship between women's and girls' physical and mental health, self-esteem and the extent to which women of all ages are valued in their societies to address issues such as substance abuse and eating disorders.

5. Occupational and environmental health

(a) Support gender-specific for research on the short- and long-term effects of the occupational and environmental health risks of work, including work in the formal and informal sector, performed by both women and men, and take effective legal and other measures to reduce these risks, including risks in the workplace, in the environment and from harmful chemicals, including pesticides, radiation, toxic waste and other such hazards that affect women's health;

(b) Protect the health of women workers in all sectors, including agricultural and domestic household workers, through effective environmental and occupational health policies for gender-sensitive work environments, free from sexual harassment and discrimination, which are safe and ergonomically designed to prevent occupational hazards;

(c) Take specific measures to protect the health of women workers who are pregnant or have recently given birth or are breast-feeding from harmful environmental and occupational hazards, and their children;

(d) Provide full and accurate information about environmental health risks to the public, in particular to women, and take steps to ensure access to clean water, adequate sanitation and clean air.

6. Policy development, research, training and evaluation

(a) Advance a comprehensive interdisciplinary and collaborative research agenda on women's health which encompasses the entire life span of all women, including women from special and diverse groups within populations;

(b) Establish concrete accountability mechanisms at the national level for reporting on the implementation of the health and other related critical areas of the Platform for Action;

(c) Improve the collection, use and dissemination of data disaggregated by sex and age, and research findings, and develop collection methodologies that capture the differences between women's and men's life experiences, including through the use and, where necessary, further coordinated development of gender-specific qualitative and quantitative health indicators that go beyond morbidity, mortality and social indicators, capturing quality of life, social as well as mental well-being of women and girls;

(d) Promote research on the interrelationship between poverty, ageing and gender;

(e) Ensure participation of women at all levels in the planning, implementation and evaluation of health programmes; ensure also a gender perspective in the health sector at all levels, including through the elaboration of gender- and age-sensitive health policies and budgets, and the creation of an enabling environment supported by a legislative framework and monitoring, follow-up and evaluation mechanisms within individual countries;

(f) Mainstream a gender perspective into the curricula as well as the training of all health care and service providers in order to ensure high-quality health services for women that can help eliminate discriminatory attitudes and practices by certain health professionals which impede women's access to health services; and ensure that a gender perspective is developed and applied to treatment and prevention practice in the health sector;

(g) In order to ensure that women's rights are addressed, the curricula of health care providers should include relevant human rights topics to strengthen medical ethics and ensure that girls and women are treated with respect and dignity;

(h) Increase education and research among health service providers and users to address the unnecessary medicalization of women's health conditions;

(i) Ensure, where indicated, that clinical trials of pharmaceuticals, medical devices and other medical products include women with their full knowledge and consent and ensure that the resulting data is analysed for sex and gender differences;

(j) Collect data concerning scientific and legal developments on human genome and related genetic research and their implications for women's health and women's rights in general and disseminate such information and results of studies conducted in accordance with accepted ethical standards.

7. Health sector reform and development

(a) Take action, in the context of health sector reform and development and growing diversification of the provision of care, to secure equal and equitable access to care for women and to ensure that health sector reform and development efforts promote women's health; and address under-provision of health care;

(b) Take the opportunity provided by health sector reform and development to systematically integrate the process of gender analysis in the health sector and undertake gender impact assessments and monitoring of all health sector reforms and development to ensure that women benefit equally from them;

(c) Develop strategies designed to seek to reduce occupational concentration by gender to eliminate gender-based pay inequality, to ensure high-quality working conditions in the health work force, and to provide appropriate skills training and development.

8. International cooperation

(a) Assure a strong political commitment by the international community to implement strengthened international cooperation for development and to mobilize domestic and international finance resources from all sources for development and the provision of health services for women;

(b) Promote progress in regard to external debt relief which, with improvement in the terms of trade, could help generate resources, both public and private, to expand and upgrade health services, with special attention to the physical and mental health of women;

(c) Encourage the international community, including bilateral donors and multilateral development organizations, to assist developing countries to ensure the provision of basic social services, including health care services for women, in particular during periods of economic difficulty; socially and gender-sensitive approaches to structural adjustment policies are further encouraged;

(d) Encourage concerted efforts, through enhanced cooperation and coordination to minimize the negative impacts and maximize the benefits of globalization and interdependence, to, *inter alia*, enhance the provision of health care services in developing countries, especially for women;

(e) In the framework of international cooperation encourage sound macroeconomic policies and institutions to, *inter alia*, support the provision of health care services for women.